

GENERAL FACT SHEET

11-12

BILL NUMBER

| BRIEF TITLE | APPROVAL DEADLINE | REASON |
|-------------------------------|-------------------|--------|
| Amending LMC Chapter 4.08 - | | |
| Citizen Police Advisory Board | | |
| | | |

DETAILS

POSITIONS/RECOMMENDATIONS

| | | |
|--|--|---|
| An ordinance amending Lincoln Municipal Code Chapter 4.08 to revise, reorganize, and clarify jurisdiction and procedures of the Citizen Police Advisory Board. | Sponsor | Law Department |
| | Program Departments, or Groups Affected | |
| | Applicants/Proponents | Applicant City Department Other |
| Discussion (Including Relationship to other Council Actions) | Opponents | Groups or Individuals Basis of Opposition |
| | Staff Recommendations | <input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against |
| | Board or Commission Recommendation | BY Citizen Police Advisory Board <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions) |
| | CITY COUNCIL ACTIONS (For Council Use Only) | <input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass |

DETAILS

POLICY/PROGRAM IMPACT

| | | | |
|---|-------------------------------|---|----------|
| | POLICY OR PROGRAM CHANGE | <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____ | |
| | OPERATIONAL IMPACT ASSESSMENT | _____ _____ _____ | |
| | FINANCES | | |
| | COST AND REVENUE PROJECTIONS | COST of total project: | \$ _____ |
| | | COST of this Ordinance/ Resolution | \$ _____ |
| | | RELATED annual operating Costs | \$ _____ |
| | | INCREASE REVENUE EXPECTED/YEAR | \$ _____ |
| SOURCE OF FUNDS | CITY [Approximately] | | |
| | _____ \$ _____ | % _____ | |
| | _____ \$ _____ | % _____ | |
| | _____ \$ _____ | % _____ | |
| | NON CITY [Approximately] | | |
| | _____ \$ _____ | % _____ | |
| | _____ \$ _____ | % _____ | |
| BENEFIT COST | | | |
| <input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot | | Average Assessment \$ _____ \$ _____ | |

APPLICABLE DATES:

FACT SHEET PREPARED BY: Rod Confer, City Attorney

REVIEW BY:

REFERENCE NUMBER